



ポートランド日本語継承学校  
Keicho Japanese School of Portland

**APPLICATION FORM**

**STUDENT INFORMATION**

Name:		
First	Last	
Date of birth: _____ / _____ / _____	_____ Male _____ Female	Nickname:
Current address:		
City:	State:	ZIP Code:
Phone number	Class level _____ K-1 grade _____ 2-3 grade _____ 4-5 grade _____ 6 grade and above	

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian name (primary contact):		Relationship to student:
Current address:		
City:	State:	Zip Code:
Phone (Home):	Phone (Cell):	Email:
Employer:	Interested in volunteering? _____ Yes _____ No	

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian name (secondary contact):		Relationship to student:
Current address:		
City:	State:	ZIP Code:
Phone (Home):	Phone (Cell):	Email:
Employer:	Interested in volunteering? _____ Yes _____ No	

**SIBLING(S) INFORMATION**

Name:	_____ Male _____ Female	Date of Birth: _____ / _____ / _____
Name:	_____ Male _____ Female	Date of Birth: _____ / _____ / _____
Name:	_____ Male _____ Female	Date of Birth: _____ / _____ / _____

The parent/guardian signing above represents by executing this document that he or she has the full authority to give permission for the minor child to participate in this program and intends unconditionally for the Keicho Japanese School of Portland (KEISHO) to rely upon this representation for all purposes related to the program. The parent/guardian also understands that registration fee (\$150) is due at the time of registration and it is non-refundable

**Non-discrimination**

All activities at KEISHO do not allow discrimination for any reason similar to race, skin color, sex, religion, disability, nationality, ethnicity, etc..

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_